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Bib Data Sheet

CONFIRMATION NO. 7389

<b>SERIAL NUMBER</b> 09/997,610	<b>FILING DATE</b> 11/29/2001 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 00-96
<b>APPLICANTS</b> Brian A. Fox, Seattle, WA; James L. Holloway, Seattle, WA;  <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/253,924 11/29/2000 <i>SS</i>  <b>** FOREIGN APPLICATIONS *****</b>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/26/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>SS</i> Acknowledged <i>SS</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 21 <b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> Jennifer K. Johnson, J.D. ZymoGenetics, Inc. 1201 Eastlake Avenue East Seattle, WA 98102				
<b>TITLE</b> Adipocyte complement related protein zacrp13				
<b>FILING FEE RECEIVED</b> 612	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	